

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

AMERICAN HOSPITAL ASSOCIATION(b) Address (number and street) ☐ check if different than previously reported325 SEVENTH STREET NW
SUITE 700

(c) City, State and ZIP Code

WASHINGTON

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001788**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2010

through

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2010**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2010**(b) Communication Title** Notes**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Melinda Hatton

(b) Address (number and street)

325 Seventh Street NW
Suite 700

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

American Hospital Association

(e) Occupation

General Counsel

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

209250.42

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Melinda Hatton

SIGNATURE

Melinda Hatton

[Electronically Filed]

DATE

04/16/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control**A.** (a) Name **Transaction ID : F91.000001**

Mark Seklecki

(b) Address (number and street) 325 Seventh Street NW
Suite 700

(c) City, State and ZIP Code

Washington

DC 20004

(d) Name of Employer or Principal Place of Business

American Hospital Association

(e) Occupation

Vice President

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|--|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee GMMB <hr/> Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800 <hr/> City State Zip Code Washington DC 20007 <hr/> Name of Employer Occupation | | | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;">87937.64</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 05 / 2010</div> | |
| Purpose of Disbursement (Including title(s) of communication(s)) TV Advertising & Production of "Notes" | | | | Transaction ID : F93.000001 | |
| Name of Federal Candidate John Bocchieri | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 | | Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Transaction ID : F94.000002 | | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| B. Full Name (Last, First, Middle Initial) of Payee GMMB <hr/> Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800 <hr/> City State Zip Code Washington DC 20007 <hr/> Name of Employer Occupation | | | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;">121312.78</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 05 / 2010</div> | |
| Purpose of Disbursement (Including title(s) of communication(s)) TV Advertising & Production of "Notes" | | | | Transaction ID : F93.000002 | |
| Name of Federal Candidate Baron Hill | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 | | Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Transaction ID : F94.000004 | | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ | | | | <div style="border: 1px solid black; padding: 2px;">209250.42</div> | |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | | | <div style="border: 1px solid black; padding: 2px;">209250.42</div> | |